L	Inder the Paperw	ork Reduction A	ot of 1995, n	o persons are req	ulred to respond	U.S. Patent and to a collection of i			ugh 7/31/2006.	
	PA	Applica	ton or Dooket N	umber 25F						
			AS FILED Column 1)	– PARTI	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY		
			MBER FILED	NUMB	ER EXTRA	RATE	FEE] ! .	RATE	FEE
(37	SIC FEE CFR 1.16(a))						\$	OR.	75, 6, 65, 79	5
(37	TAL CLAIMS CFR 1.16(c))		minus 20 =		•			OR	X \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus	3 = '		x \$=		OR	X \$_ =	
MU	LTIPLE DEPEND	ENT CLAIM PRE	SENT	(37 CFR 1.16(d))	+ 5=		: OR	+ \$ =		
• H	the difference in	column 1 is tess	than zero, e	inter "0" in column	TOTAL) OR	TOTAL		
	C	CLAIMS AS A	MENDEL) – PART II						i ing ar
١.	0-01						OR		R THAN	
ـَــا	<u> </u>	(Column 1)	- 1	(Column 2)	(Column 3)	SMALL	ENTITY	. ! ·		ENTITY
AMENDMENT A		REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total (37 CFR 1.16(c))	14	Minus	20	=	x \$=		QR	X \$=	:
	Independent (37 CFR 1.16(b))	1:3	Minus	<u>"3</u>	= `	=		OR!	X \$≐	
	FIRST, PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		ØR .	+'\$=	
•					• .	TOTAL ADD'L FEE		ФR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			•		5.25.6.2.2
ENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	- f .	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	'ADDI- TIONAL: FEE
	Total (37 CFR 1.16(c))		Minus	**	=	x \$=		OR ·	X \$=	;
JEN N	Independent (37 CFR 1.16(b))		Minus	•••	= ,	x \$=		OR :	X \$=	:
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$ =	
	,		-			TOTAL ADD'L FEE		; '	TOTAL ADD'L FEE	· · · · · · · · · · · · · · · · · · ·
		(Column 1)		(Column 2)	(Column 3)			<u> </u>		
뉟		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		: QR; .	X''\$'' ' ' ' '=	1 111
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s=		QR:	X \$ 1 1 =	
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		ĠR.	+ 2 =	-
						TOTAL ADD'L FEE		OP L	TOTAL ADD'L FEE	
	If the "Highest I If the "Highest II	lumber Previous lumber Previous	it. Paid For" I, Faid For" I	in column 2, write II I THIS SPACE is II THIS SPACE is	tess than 20, er less than 3, ent		le n. mare			•

This collection of information is required 5, 37 CFP +16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confirentialit, is governed by 35 U.S.C. 122 and 37 CFP +1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submit to gather completed application form to the USFTO. Time will aim, depending and submit to gather completed application form to the USFTO. Time will aim, depending and submit dual case. Any comments on the amount of time, an require to commission that form and or suggestions for reducing this burden, should be cent to fine Chief Information Officer, U.S. Frateri and Trademark Office, U.S. Experiment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. CFI OFFICE COMPLETED FORMS TO THIS ALGERSS SEED TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

•		Application or Docket Number								
PATENT APPLIC	Effective Octo	10766225								
<u> </u>	IS AS FILED (Colum	SMAL TYPE	L ENTITY	OR		R THAN ENTITY				
TOTAL CLAIMS	120		•	RAT	E FEE	7	RATE	FEE		
FOR		R FILED NUM	BER EXTRA	BASIC	FEE 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLA	IMS M m			XS 9	13	OR	X\$18≈			
INDEPENDENT CLAIMS		ninus 3 =		X43	•	OR	X86=			
MULTIPLE DEPENDENT CL	AIM PRESENT	RESENT				OR	·+290=			
• If the difference in colum		TOT/	1 38	OR	TOTAL					
5-27-05 (Cotum	m 1)	MENDED - PART II (Column 2) (Column 3)			OTHER THAN SMALL ENTITY OR SMALL ENTITY					
Total CLAIN REMAIN AFTER AMENDA CLAIN REMAIN AFTER AMENDA CLAIN REMAIN AFTER AMENDA CLAIN REMAIN AMENDA CL	IING Pi	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total . 20	Minus	-20	• ~	X\$ 9	. —	OR	X\$18=			
FIRST PRESENTATION	Minus OF MULTIPLE DE	EPENDENT CLAIM	<u> - </u>	X43=	: (OR	X86=			
	J	ــــــــــــــــــــــــــــــــــــــ	+145:		OR	+290=				
1 01 1		TOT		OR	TOTAL ADDIT, FEE					
1-24-00 (Colum		(Column 2)	(Column 3)							
CLAIM REMAIN AFTE AMENON Total Independent	ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total • C) Minus	-20	• —	X\$ 9=		OR	X\$18=			
Independent • FIRST PRESENTATION (Minus OF MULTIPLE DE	PENDENT CLAIM	<u> • </u>	X43≈	-	OR	X86=			
				+145=		OR	+290=			
~ 20 da			•	YOYA		QR ,	TOTAL NDDIT, FEE			
CLAIM		(Column 2)	(Column 3)		•					
REMAINI AFTER AMENDM Total Independent	NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total • Q	Minus	- 20	e	X\$ 9=	1	OR	X\$18=	- 765		
Independent •	Minus	 3	•	X43=			X86=			
FIRST PRESENTATION C	IF MULTIPLE DE			1-3	OR	~~-				
• If the entry in column 1 is less t	han the ontry in colu	+145=		OR	+290=					
** If the "Highest Number Previous" the "Highest Number Previous"	siv Paid For' IN Thi	S SPACE in less the	a 20 antes 730 *	ADDIT. FE		OR A	DOIT. FEE			

FORM PTD-675 (Rev. 10/03)

Patient and Trademant Office, U.S. DEPARTMENT OF COMMERCE